



# City of Parma, Ohio

TIM DeGEETER  
MAYOR



1440 Rockside Road, Suite 306  
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015  
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## **NOTIFICATION OF DECREASE IN INCOME**

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

***Please complete the following information and return this form to the Agency to report a decrease in your household income. A 3<sup>rd</sup> party verification of this change will not be sent out if this form is not completed in full. You can fax, mail or hand deliver the completed form.***

1. Name of household member who has incurred a decrease in income: \_\_\_\_\_

2. What is the decrease in income (check only 1 box per form):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Public Assistance | <input type="checkbox"/> Food Stamps     | <input type="checkbox"/> Unemployment         |
| <input type="checkbox"/> Child Support     | <input type="checkbox"/> Social Security | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Employment        | <input type="checkbox"/> SSI             | <input type="checkbox"/> Pension              |
| <input type="checkbox"/> Family Assistance | <input type="checkbox"/> Child Care      | <input type="checkbox"/> Medical Insurance    |
| <input type="checkbox"/> Medical Expense   | <input type="checkbox"/> Banking         |   |

3. What is the date the decrease in income occurred: \_\_\_\_\_

4. What is the name of the income source (company name): \_\_\_\_\_

5. What is the contact information for the income source:

- Mailing Address: \_\_\_\_\_
- City, State & Zip Code: \_\_\_\_\_
- Telephone #: \_\_\_\_\_
- Fax #: \_\_\_\_\_

***NOTE: It is your responsibility to notify the PPHA of any and all changes in family composition and income within ten (10) calendar days of when the change occurs. Changes in family composition include birth, adoption, court awarded custody of any person and removing a household member from your lease. Changes in family income include employment, Public Assistance, Child Support, Unemployment, Social Security, etc. These changes are required as part of your family obligations under the Housing Choice Voucher and Public Housing programs. Failure to report these changes within the required time period may result in the termination of your housing subsidy.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date